	,	,,	•	Application or Docket Number								
	PATENT	ION RECOR	10718105									
CLAIMS AS FILED - PART I . (Column 1) (Column 2)							SM	IALL EI	NTITY	OR	OTHER SMALL	
TC	OTAL CLAIMS	;	41	<u></u> -			F	RATE	FEE	7	RATE	FEE
FO)R		NUMBER	FILED	NUMF	BER EXTRA	ВА	ASIC FEE	385.00	OR	BASIC FEE	770.00
TC)TAL CHARGE/	ABLE CLAIMS	24/ mi	inus 20=	:2	:21		X\$ 9=		OR	V040	378
INC	DEPENDENT C	LAIMS	14 m	ninus 3 =	*/			X43=		OR	X86=	86
MU	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT				+	+145=		OR		
* If	the difference	e in column 1 is	less than ze	ero, enter	: "0" in c	column 2	T/	OTAL	 	OR	TOTAL	17.83
	С	CLAIMS AS A	AMENDEL	o - PAR'	T II] ~	OTHER	THAN
_	<u> </u>	(Column 1)		(Colum		(Column 3)	SI	MALL	ENTITY	OR	SMALL E	
AMENDMENT A	2-27-06	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA	R	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	. 30	Minus	4		= 0	×	(\$ 9=	0	OR	X\$18=	0
AME	Independent	* 1	Minus		4	- 0	X	K43 ₌	0	OR	X86=	0
	FIRST PHESE	ENTATION OF ML	JLTIPLE DEF	PENDENI	CLAIM		+1	145=	0	OR	+290=	0
								TOTAL	0		TOTAL	0
		(Column 1)		(Colum	nn 2)	(Column 3)	ADDI	DIT. FEE	<u> </u>	Jo. ,	addit. Fee l	
SNT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	EST BER DUSLY	PRESENT EXTRA	R	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total		Minus	**		= .	X	\$ 9=		OR-	X\$18=	<u> </u>
ME	Independent	*	Minus	***		=	\times	(43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM					1 1		<i>i</i>
						•	ــــا	145=		OR	+290=	
					•			TOTAL IT. FEE		OR A	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST												
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIOL PAID F	BER	PRESENT EXTRA	R/		ADDI- TIONAL FEE	;	RATE	ADDI- TIONAL FEE
<u>§</u>			Minus	**		=	XS	\$ 9=	•	OR	X\$18=	
AME		<u> </u>	Minus	***		=	X	43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		-					
• H	the entry in colur	inn 1 is less than the	e entry in colu	mn 2 write'	"N" in cal	umn 3		45=		OR	+290=	
••• If	ithe "High st Nur	mber Previously Pai mber Previously Pai	iid For' IN THIS	S SPACE is I	less than	n 20, enter "20,"		TOTAL T. FEE		OR A	TOTAL ODIT. FEE	
17	he "Highest Num!	ber Previously Paid	For (Total or	Independer	nt) is the	highest number fo	ni bnuc	the appr	ropriat box	in colu	<i>i</i> mn 1.	